



**CLIPPERS WINTER SWIM TEAM
2013-2014**

SWIMMERS NAME _____ **AGE** ____ **SEX** ____

ADDRESS _____ **TOWN** _____ **ZIP** _____

DATE OF BIRTH _____ **TEL #** _____

PARENT/GUARDIANS NAME _____

EMAIL ADDRESS _____

Have you ever been on the clippers team before? Yes ____ No ____

Registration fee

\$200.00 per swimmer with a pool membership

\$220.00 per resident swimmer without a membership

\$240.00 per nonresident without a membership

\$270.00 per family limit with a membership

| | |
|----------------------------|--|
| For office use only | |
| Received | <input type="checkbox"/> Office <input type="checkbox"/> Pool <input type="checkbox"/> Mail <input type="checkbox"/> other |
| Receipt | <input type="checkbox"/> Office <input type="checkbox"/> Pool <input type="checkbox"/> Other |
| Initial _____ | Entered into system by _____ |

☐

Please note swimmers age as of November 1, 2013 designates his or her age group

Please note there are no refunds after December 1, 2012

The season will begin on Monday November 4

The Regular Practice Schedule is as follows:

10 & Under..Monday & Wednesdays 6:00-7:30pm and Sundays 4:00-5:00pm

11 & Over...Tuesday & Thursdays 6:00-7:30pm and Sundays 5:00-6:00pm

The undersigned agrees to defend, indemnify, and hold harmless the Town of Dedham and its officers, employees, and agents from and against any and all loss, liability charges and expenses including attorney's fees and costs which may arise by reason of participation in any program. As parent/guardian, I hereby consent to emergency treatment of my minor child as a result of accident or injury. I further agree to pay any and all costs incurred as a result of said treatment. I understand the Recreation Department retains the right to use photos taken during activities for publicity purposes.

Parent /guardians signature _____ **Date** _____

Dedham Parks & Recreation
Phone 781-751-9250
Register online at www.dedham-ma.gov/online